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Ontario

Ministry of
Culture and
Recreation

Request for a Wintario Project Capital Grant

Office Use Only
Government
Publications

Capital Grants are only available to incorporated non-profit organizations, municipalities, band councils, representative organizations in unorganized territories, or other public agencies. Please print or type your answers, and send your completed form to: "How to Share", Ministry of Culture & Recreation, Queen's Park, Toronto M7A 2R9.

1

Name of authorized official completing this request

Name	Position/Title	Area Code/Telephone
Street Address	City or Town	Postal Code

2

Organization you represent

Official Name	City or Town
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Incorporated non-profit organization? _____

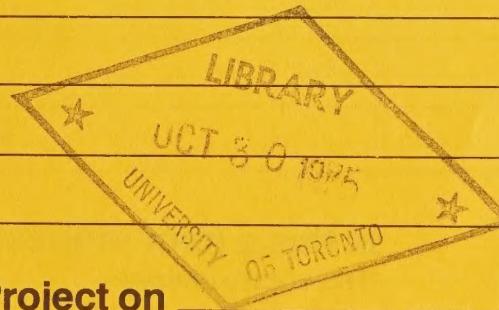
Date of Incorporation? _____

Charitable Tax No. _____

3

What is your Wintario Project?

(Please outline your proposal using the information booklet as your guide. Take extra pages as necessary, to describe your plans, taking care to include all relevant details).



4

We would like to begin the Project on _____

OR

Construction for this Project was commenced on _____

(A copy of the construction contract and a certified copy of the progress report should be attached).

5

What will be the total cost of the Project? \$ _____

What Federal and Provincial grants have been requested? \$ _____

What will be the contribution from the private and corporate sector? \$ _____

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\$

Amount Requested

\$

Amount Granted

Date Granted

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Has your fund raising campaign started? Yes/No

How much has been pledged? \$ _____ Received? \$ _____

(Please supply details and documentation)

We request a Wintario Capital Grant of _____

(Please refer to information booklet)

**What will be the source of the remaining funds needed?
(e.g. Municipality)**

_____	\$ _____
_____	\$ _____
_____	\$ _____

6 Please list requests for funding in the last twelve months for your Project from any Municipal, Provincial or Federal department or agency, and attach a copy of the request.

Amount Requested	Date Requested	From Whom Requested	Amount Requested
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7 Who in your organization may we contact on financial matters?

Name	Position	
Street Address	City or Town	Tel. No.

8 Is this a joint request with another group/Municipality?

If so, please indicate

Organization Name	Title/Tel. No.
Principal Officer	Title/Tel. No.
Organization Name	Title/Tel. No.
Principal Officer	Title/Tel. No.

(Please attach a copy of the agreement made between the municipalities/groups.)

9 Was the Project established by a Municipal Bylaw? Yes/No

(If yes, please attach a copy of the bylaw and minutes of council meeting indicating approval of estimates).

10 Ontario Municipal Board approval?

Required Requested Received

If received, when? _____

11

Who will own the land, buildings and equipment?

12

Please indicate who will be responsible for the operating costs of the facility.

13

Structure of your organization

(Applicable only to Incorporated non-profit organizations)

(a) Number of Members _____

(b) Board of Directors and Executives

Name	Position/Title
Address	Telephone
Name	Position/Title
Address	Telephone
Name	Position/Title
Address	Telephone
Name	Position/Title
Address	Telephone

(c) Objectives of your organization

(d) Please provide audited financial statements covering up to three most recent years' operations and physical assets.

14

Will the facility be open to the general public?

Yes/No

I certify that to the best of my knowledge the information provided by me in this grant application is accurate and complete.

Signature of Applicant

Date

